

LUTHERAN HOME
7500 W NORTH AVE

WAUWATOSA 53213 Phone:(414) 258-6170

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 187

Total Licensed Bed Capacity (12/31/04): 187

Number of Residents on 12/31/04: 169

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 177

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

177

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years			37.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	More Than 4 Years			32.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.6				30.8
Day Services	No	Mental Illness (Org./Psy)	8.9	65 - 74	5.9				-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	28.4				100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	49.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.6	95 & Over	16.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	11.8		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	21.9	65 & Over	99.4	-----			
Transportation	No	Cerebrovascular	14.2		-----	RNs			17.5
Referral Service	No	Diabetes	3.6	Gender	%	LPNs			12.6
Other Services	No	Respiratory	4.1		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	34.9	Male	21.9	Aides, & Orderlies			
Mentally Ill	No	-----	-----	Female	78.1				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	1.4	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Skilled Care	24	100.0	282	62	88.6	129	0	0.0	0	55	83.3	226	3	100.0	181	6	100.0	226	150	88.8
Intermediate	---	---	---	7	10.0	107	0	0.0	0	9	13.6	206	0	0.0	0	0	0.0	0	16	9.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	2	3.0	201	0	0.0	0	0	0.0	0	2	1.2
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	24	100.0		70	100.0		0	0.0		66	100.0		3	100.0		6	100.0		169	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.9	Bathing	3.6	83.4	13.0	169
Private Home/With Home Health	0.0	Dressing	12.4	72.2	15.4	169
Other Nursing Homes	2.2	Transferring	18.3	68.0	13.6	169
Acute Care Hospitals	94.4	Toilet Use	13.0	72.8	14.2	169
Psych. Hosp.-MR/DD Facilities	0.3	Eating	71.0	11.2	17.8	169
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.2	Continence		%	Special Treatments	%
Total Number of Admissions	323	Indwelling Or External Catheter	5.9		Receiving Respiratory Care	6.5
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	53.3		Receiving Tracheostomy Care	0.0
Private Home/No Home Health	21.8	Occ/Freq. Incontinent of Bowel	37.9		Receiving Suctioning	0.0
Private Home/With Home Health	18.6				Receiving Ostomy Care	1.8
Other Nursing Homes	1.7	Mobility			Receiving Tube Feeding	4.7
Acute Care Hospitals	9.7	Physically Restrained	0.0		Receiving Mechanically Altered Diets	26.6
Psych. Hosp.-MR/DD Facilities	0.0				Other Resident Characteristics	
Rehabilitation Hospitals	0.0	Skin Care			Have Advance Directives	98.2
Other Locations	20.6	With Pressure Sores	5.3		Medications	
Deaths	27.5	With Rashes	0.6		Receiving Psychoactive Drugs	61.5
Total Number of Discharges (Including Deaths)	349					

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	87.4	1.01	86.5	1.02	87.3	1.01	88.8	0.99
Current Residents from In-County	85.8	86.8	0.99	87.0	0.99	85.8	1.00	77.4	1.11
Admissions from In-County, Still Residing	16.7	21.8	0.77	18.9	0.88	20.1	0.83	19.4	0.86
Admissions/Average Daily Census	182.5	159.1	1.15	188.2	0.97	173.5	1.05	146.5	1.25
Discharges/Average Daily Census	197.2	159.6	1.24	190.4	1.04	174.4	1.13	148.0	1.33
Discharges To Private Residence/Average Daily Census	79.7	63.2	1.26	77.5	1.03	70.3	1.13	66.9	1.19
Residents Receiving Skilled Care	89.3	96.1	0.93	95.9	0.93	95.8	0.93	89.9	0.99
Residents Aged 65 and Older	99.4	96.5	1.03	90.5	1.10	90.7	1.10	87.9	1.13
Title 19 (Medicaid) Funded Residents	41.4	50.4	0.82	56.3	0.74	56.7	0.73	66.1	0.63
Private Pay Funded Residents	39.1	33.2	1.18	22.2	1.76	23.3	1.68	20.6	1.90
Developmentally Disabled Residents	0.0	0.5	0.00	1.1	0.00	0.9	0.00	6.0	0.00
Mentally Ill Residents	8.9	33.9	0.26	29.0	0.31	32.5	0.27	33.6	0.26
General Medical Service Residents	34.9	26.1	1.34	25.4	1.37	24.0	1.45	21.1	1.66
Impaired ADL (Mean)	45.8	51.2	0.89	52.6	0.87	51.7	0.89	49.4	0.93
Psychological Problems	61.5	62.3	0.99	55.4	1.11	56.2	1.10	57.7	1.07
Nursing Care Required (Mean)	5.7	7.1	0.81	7.7	0.74	7.7	0.74	7.4	0.77